

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.</b> Doing business as <b>EARLY LEARNING COALITION OF HILL</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6302 E MARTIN LUTHER KING JR BLVD</b> City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33619</b>	<b>D</b> Employer identification number <b>59-3626765</b>  <b>E</b> Telephone number <b>813-515-2340</b>  <b>G</b> Gross receipts \$ <b>130,801,273.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.ELCHC.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>2001</b>		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DELIVERY OF EARLY LEARNING SERVICES TO ENSURE CHILDREN HAVE FUTURES FULL OF POSSIBILITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	<b>164</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>22</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 100,142,275.
<b>9</b> Program service revenue (Part VIII, line 2g) .....		0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		0.	0.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		-72,012.	14,318.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		100,070,263.	130,761,950.
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	9,995,398.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	8,247,321.	9,654,822.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	82,023,384.	90,918,045.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	100,266,103.	129,996,084.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-195,840.	765,866.
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 12,825,871.	<b>End of Year</b> 14,802,375.
	<b>21</b> Total liabilities (Part X, line 26) .....	8,723,352.	9,933,990.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	4,102,519.	4,868,385.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>FREDERICK HICKS, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HARRY E. HARP, CPA</b>	Preparer's signature Date
	Firm's name ▶ <b>MSL, P.A.</b> Firm's address ▶ <b>255 S. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00176471</b> Firm's EIN ▶ <b>59-3070669</b> Phone no. (407) 740-5400

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.

Form 990 (2021)

59-3626765 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ORGANIZATION IS A NONPROFIT THAT WORKS TO ENSURE ALL OUR COMMUNITY'S YOUNGEST CHILDREN GROW UP TO ACHIEVE ANYTHING THEY CAN IMAGINE BY PROVIDING THE BEST POSSIBLE EARLY LEARNING EXPERIENCES AND SUPPORTING THE FAMILIES AND TEACHERS WHO CARE FOR THEM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 99,447,310. including grants of \$ 29,423,217. ) (Revenue \$ ) THE EARLY LEARNING COALITON OF HILLSBOROUGH OFFERS ACCESS TO THE SCHOOL READINESS PROGRAM WHILE ADMINISTERING AND COORDINATING CHILDCARE SUBSIDIES FOR FAMILIES TO GAIN ACCESS TO HIGH QUALITY CHILD CARE SERVING CHILDREN BIRTH TO 13 YEARS. APPROXIMATELY 13,000 CHILDREN ARE SERVED BY THE SCHOOL READINESS PROGRAM PER MONTH.

4b (Code: ) (Expenses \$ 24,635,994. including grants of \$ ) (Revenue \$ ) THE EARLY LEARNING COALITON OF HILLSBOROUGH OFFERS ACCESS TO THE VOLUNTARY PRE-KINDERGARTEN (VPK) PROGRAM WHILE ADMINISTERING AND COORDINATING CHILDCARE FOR FAMILIES TO GAIN ACCESS TO HIGH QUALITY CHILD CARE SERVING FOUR YEAR OLD CHILDREN. PRE-PANDEMIC, APPROXIMATELY 13,000 CHILDREN WERE SERVED BY THE VPK PROGRAM PER MONTH. DURING THE FISCAL YEAR ENDED JUNE 30, 2022, APPROXIMATELY 11,000 CHILDREN WERE SERVED BY THE VPK PROGRAM PER MONTH.

4c (Code: ) (Expenses \$ 2,202,076. including grants of \$ ) (Revenue \$ ) THE SCHOOL READINESS MATCH PROGRAM PROVIDES FUNDS TO EXPAND THE PROVISION OF SERVICES TO LOW-INCOME FAMILIES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, AS LONG AS THE INCOME DOES NOT EXCEED 85% OF THE STATE MEDIAN INCOME. FUNDING IS SUBJECT TO AVAILABILITY. LOCAL MATCHING FUNDS CAN BE DERIVED FROM GOVERNMENT, EMPLOYER CHARITABLE FOUNDATIONS, AND OTHER SOURCES TO EXPAND FUNDS FOR DIRECT SERVICES AND INCREASE THE NUMBER OF CHILDCARE SLOTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 126,285,380.

Form 990 (2021)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Form 990 (2021)

59-3626765 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b> X	
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 504	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 164		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. ....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
	If "Yes," complete Form 6069.		

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Form 990 (2021)

59-3626765 Page 6

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	22	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	22	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **GARY MEYER - 813-906-2942**  
**6302 E MARTIN LUTHER KING JR BLVD, STE 100, TAMPA, FL 33619**

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Form 990 (2021)

59-3626765 Page 7

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GORDON L. GILLETTE CHIEF EXECUTIVE OFFICER	1.00			X			198,739.	0.	0.	
(2) LORINDA TOOLE GAMSON FORMER CHIEF OPERATIONS OFFICER (END	1.00					X	115,768.	0.	0.	
(3) ALISON FRAGA CHIEF DEVELOPMENT OFFICER	1.00			X			115,460.	0.	0.	
(4) GARY MEYER CHIEF FINANCIAL OFFICER	1.00			X			111,826.	0.	0.	
(5) RICARDO RAMPERSAD CHIEF INFORMATION OFFICER	1.00			X			69,328.	0.	0.	
(6) AAKASH M PATEL BOARD MEMBER, CHAIR	1.00	X		X			0.	0.	0.	
(7) SHAWN H. ROBINSON, ESQ. VICE CHAIR	1.00	X					0.	0.	0.	
(8) DR. STEPHIE HOLMQUIST JOHNSON SECRETARY	1.00	X					0.	0.	0.	
(9) LUKE BUZARD, CPA TREASURER	1.00	X					0.	0.	0.	
(10) AMANDA JAE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) WHITTINGTON LEE BOWERS BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DR. DAPHNE FUDGE BOARD MEMBER	1.00	X					0.	0.	0.	
(13) TRACYE H. BROWN BOARD MEMBER	1.00	X					0.	0.	0.	
(14) CYNTHIA CHIPP BOARD MEMBER	1.00	X					0.	0.	0.	
(15) DR. LISE FOX BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ADAM GIERY BOARD MEMBER	1.00	X					0.	0.	0.	
(17) CARL HARNES BOARD MEMBER	1.00	X					0.	0.	0.	



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANNE JACOB BOARD MEMBER	1.00	X						0.	0.	0.
(19) DR. JACQUELYN JENKINS BOARD MEMBER	1.00	X						0.	0.	0.
(20) DR. JODI MARSHALL BOARD MEMBER	1.00	X						0.	0.	0.
(21) GWEN MYERS BOARD MEMBER	1.00	X						0.	0.	0.
(22) ALLISON NGUYEN, MPH, MCHES BOARD MEMBER	1.00	X						0.	0.	0.
(23) KELLEY PARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(24) BETH PASEK BOARD MEMBER	1.00	X						0.	0.	0.
(25) DUSTIN PORTILLO BOARD MEMBER	1.00	X						0.	0.	0.
(26) SHEILA RIOS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								611,121.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								611,121.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HCPS ELEM H.O.S.T. 901 E KENNEDY BLVD, TAMPA, FL 33602	SR-VPK PAYMENTS TO PROVIDERS DIRECT SER	3,009,137.
HCPS IPEEPS VPK 4350 E ELLICOTT ST, TAMPA, FL 33610	SR-VPK PAYMENTS TO PROVIDERS DIRECT SER	2,592,875.
ACADEMY OF TAMPA D/B/A/ THE VILLAGE C.C.C. 1206 124TH AVE, TAMPA, FL 33612	SR-VPK PAYMENTS TO PROVIDERS DIRECT SER	1,617,103.
BOYS & GIRLS CLUB 1307 N. MACDILL AVE, TAMPA, FL 33607	SR-VPK PAYMENTS TO PROVIDERS DIRECT SER	708,498.
FLORIDA DEPARTMENT OF EDUCATION - DIVISION 325 W GAINES ST, TALLAHASSEE, FL 32399	SR-VPK PAYMENTS TO PROVIDERS DIRECT SER	606,454.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **13**

SEE PART VII, SECTION A CONTINUATION SHEETS

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Form 990

59-3626765

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHELLE ZIEZIULA, MUP BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Form 990 (2021)

59-3626765 Page 9

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	92,262.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events					
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	128,328,132.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	2,327,238.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 279,348.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		130747632.			
Program Service Revenue	<b>2 a</b>						
	<b>2 b</b>						
	<b>2 c</b>						
	<b>2 d</b>						
	<b>2 e</b>						
	<b>2 f</b>	All other program service revenue					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
		Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses					
	<b>7 c</b>	Gain or (loss)					
	Net gain or (loss)						
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	53,641.					
<b>8 b</b>	Less: direct expenses	39,323.					
	Net income or (loss) from fundraising events		14,318.		14,318.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>						
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		130761950.	0.	0.	14,318.	

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Form 990 (2021)

59-3626765 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	26,309,684.	26,309,684.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	3,113,533.	3,113,533.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	203,700.		203,700.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	6,846,929.	5,410,596.	1,436,333.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	598,384.	382,977.	215,407.	
<b>9</b> Other employee benefits .....	1,495,926.	957,421.	538,505.	
<b>10</b> Payroll taxes .....	509,883.	391,280.	118,603.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	39,187.		39,187.	
<b>c</b> Accounting .....	61,885.		61,885.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	88,240,539.	87,742,782.	497,757.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	80,000.	49,084.	30,916.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	532,539.	401,719.	130,820.	
<b>17</b> Travel .....	35,082.	22,585.	12,497.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	82,506.	7.	82,499.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUPPLIES AND EQUIPMENT</b> .....	1,695,533.	1,429,318.	266,215.	
<b>b</b> <b>STAFF TRAINING AND DEVE</b> .....	138,380.	71,642.	66,738.	
<b>c</b> <b>BANK CHARGES</b> .....	6,878.		6,878.	
<b>d</b> <b>MISCELLANEOUS EXPENSE</b> .....	5,516.	2,752.	2,764.	
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	129,996,084.	126,285,380.	3,710,704.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Form 990 (2021)

59-3626765 Page 11

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,485,743.	<b>1</b>	6,142,235.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	5,276,784.	<b>3</b>	8,596,497.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	63,344.	<b>9</b>	63,643.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	12,825,871.	<b>16</b>	14,802,375.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,662,102.	<b>17</b>	9,823,616.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	61,374.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	61,250.	<b>25</b>	49,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,723,352.	<b>26</b>	9,933,990.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,102,519.	<b>27</b>	4,868,385.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,102,519.	<b>32</b>	4,868,385.
<b>33</b> Total liabilities and net assets/fund balances .....	12,825,871.	<b>33</b>	14,802,375.	

Form 990 (2021)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Form 990 (2021)

59-3626765 Page 12

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	130,761,950.
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,996,084.
3	Revenue less expenses. Subtract line 2 from line 1	3	765,866.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,102,519.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,868,385.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.** Employer identification number **59-3626765**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	76879754.	83195398.	98959370.	100142275	130801273	489978070
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	76879754.	83195398.	98959370.	100142275	130801273	489978070
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						489978070

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	76879754.	83195398.	98959370.	100142275	130801273	489978070
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....		394,668.				394,668.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						490372738
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.92	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.91	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC. Employer identification number 59-3626765

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, lines 2a-2d, and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding art and historical treasures.

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule D (Form 990) 2021

59-3626765 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO SCHOOL DISTRICT OF	
(3) HILLSBOROUGH COUNTY	49,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	49,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2021

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	130,801,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	130,801,273.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		-39,323.
c	Add lines 4a and 4b	4c		-39,323.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	130,761,950.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	130,035,407.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		39,323.
e	Add lines 2a through 2d	2e		39,323.
3	Subtract line 2e from line 1		3	129,996,084.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	129,996,084.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE COALITION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA INCOME TAX CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE COALITION IS SUBJECT TO THE ACCOUNTING STANDARDS ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES -39,323.

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 39,323.

Lined area for supplemental information entries.

**SCHEDULE G**  
**(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.** Employer identification number **59-3626765**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		HOLIDAY EVENT	TEACHER NIGHT OUT	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	24,019.	17,916.	11,706.	53,641.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	24,019.	17,916.	11,706.	53,641.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment	21,417.	13,092.		34,509.
	9	Other direct expenses	2,430.	2,384.		4,814.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				39,323.
11	Net income summary. Subtract line 10 from line 3, column (d)				14,318.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Yes No
Yes No
13a %
13b %

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:

Name
Gaming manager compensation
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.** Employer identification number  
**59-3626765**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
3 LETTERS LEARNING CENTER 6710 N. ARMENIA AVE. TAMPA, FL 33604	26-2513764		30,838.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A + LEARNING CENTER 1109 W GRANT ST PLANT CITY, FL 33563	87-3970791		85,943.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A BRIDGE OF LEARNING 3902 CORPOREX PARK DRIVE SUITE 100 TAMPA, FL 33619	20-5462286		54,755.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A BRIGHTER COMMUNITY, INC. 1613 N MARION ST TAMPA, FL 33602	59-0624453		48,807.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A CHILDREN'S KASTLE ELC INC. AT WINTHROP - 11297 WINTHROP MAIN STREET - RIVERVIEW, FL 33578	20-2171206		77,066.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A CHILD'S HAVEN PRIVATE PRESCHOOL 1520 BRENTWOOD HILLS BLVD VALRICO, FL 33594	59-3461856		75,267.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CHILD'S WORLD LEARNING ACADEMY 3223 W. ALENE STREET TAMPA, FL 33614	59-3692966		100,234.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A CHILD'S WORLD LEARNING ACADEMY II - 8474 W HILLSBOROUGH AVE - TAMPA, FL 33615	41-2266413		69,908.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A LITTLE KIDS ACADEMY 11105 E US HWY 92 SEFFNER, FL 33584	82-0625730		69,838.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A PERFECT START EARLY 2005 E 21ST AVE TAMPA, FL 33605	59-3433642		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A READINESS LEARNING ACADEMY INC. 489 W APOLLO BEACH BLVD APOLLO BEACH, FL 33572	82-0559882		75,529.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A TODAY'S CHILD 2150 W. DR. M.L. KING JR. BLVD TAMPA, FL 33607	26-3005599		38,075.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
A.J.'S ANGELS LLC 1139 1ST ST NW RUSKIN, FL 33570	80-0318854		66,674.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACADEMY FOR LITTLE SCHOLARS 1216 E LINEBAUGH AVE TAMPA, FL 33612	82-1776758		29,749.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACADEMY KIDS LEARNING CENTER 3916 E HILLSBOROUGH AVE TAMPA, FL 33610	59-3580106		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF ACHIEVERS 536 MAYDELL DR TAMPA, FL 33619	27-4126038		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACADEMY OF ACTIVE EDUCATION 22147 RIVER ROCK DR ATTN M PELEAZ LAND O LAKES, FL 34639	59-3701790		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACADEMY OF BRANDON 722 LITHIA PINECREST RD BRANDON, FL 33511	86-2070237		57,501.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACADEMY OF MONTESSORI INTERNATIONAL INC - 15421 MORRIS BRIDGE RD - THONOTOSASSA, FL 33592	26-2234051		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACADEMY OF TAMPA D/B/A/ THE VILLAGE C.C.C. - PO BOX 290620 - TAMPA, FL 33687	26-0321641		251,969.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACADEMY OF TPA INC.D/B/A CHILDREN'S DISC - PO BOX 290620 - TAMPA, FL 33687	26-0321641		108,953.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACADEMY TO SUCCESS 3203 W DE LEON ST TAMPA, FL 33609	59-3631328		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACHIEVEMENT CENTER 4601 E BUSCH BLVD TAMPA, FL 33617	80-0566884		85,898.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ACHIEVEMENT CENTER DALE MABRY 11105 E US HWY 92 SEFFNER, FL 33584	82-0625730		87,812.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALFORD AND ASHE ACADEMY LLC 7739 GIBSONTON DR GIBSONTON, FL 33534	81-1218889		54,976.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ALL 4 KIDS LEARNING CENTER LLC 608 E MORGAN ST BRANDON, FL 33510	86-1374588		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ALL GOD KIDS ACADEMY 6501 N CENTRAL AVE TAMPA, FL 33604	45-4921645		60,892.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ALL NATIONS PRESCHOOL 10022 CHRISTINA DRIVE RIVERVIEW, FL 33569	20-5119225		31,946.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ALLOMOTHER DAYCARE LLC 8301 STEAMBOAT LANE TAMPA, FL 33637	85-2687313		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ALPHABET LEARNING CENTER INC. 4423 KELLY ROAD TAMPA, FL 33615	59-2720019		38,953.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
AMAZING EXPLORERS ACADEMY WESTCHASE - 8080 COUNTRYWAY BLVD - TAMPA, FL 33635	81-4388451		84,159.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
AMERICAN YOUTH ACADEMY 5905 E 130TH AVE TAMPA, FL 33617	20-0898447		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ANDES SMART ACADEMY LLC 19215 LIVINGSTON AVE LUTZ, FL 33559	81-5250894		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANOTHER HOME DAYCARE LLC 706 N PARSONS AVE BRANDON, FL 33511	85-2541116		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
APOLLO BEACH CHRISTIAN PRESCHOOL 6414 GOLF AND SEA BLVD APOLLO BEACH, FL 33572	59-1320590		43,938.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
APOSTLES LUTHERAN CHURCH PRESCHOOL 200 KINGSWAY RD BRANDON, FL 33510	04-3705098		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
AUTUMN LEAF ACADEMY 3007 DANIELS ROAD PLANT CITY, FL 33566	56-2489382		65,165.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
B & G DAY CARE AND KINDERGARTEN INC. - 14419 DR. MLK JR BLVD P.O.BOX31 - DOVER, FL 33527	59-3629425		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BACKYARD BEARS 6602 HABANNA AVE TAMPA, FL 33614	59-3371693		90,069.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BAMBOO BAMBINO LEARNING ACADEMY 914 N CASTLE COURT TAMPA, FL 33612	83-3329199		30,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BAY HOPE DAY SCHOOL 17030 LAKESHORE ROAD LUTZ, FL 33558	59-2487452		122,468.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BAYAAN ACADEMY INC 10917 N 56TH ST TEMPLE TERR, FL 33617	47-4744612		9,478.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYCREST ACADEMY BRANDON 202 PAULS DRIVE BRANDON, FL 33511	41-2142170		34,957.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BAYCREST ACADEMY CHILD CARE CE 202 PAULS DRIVE BRANDON, FL 33511	41-2142170		56,482.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BAYSHORE BAPTIST CHURCH PRESCHOOL 3111 W MORRISON AVE TAMPA, FL 33629	59-0737859		61,499.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BEACH PARK 4200 W. NORTH AVE 97 TAMPA, FL 33609	59-3402304		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BELL SHOALS BAPTIST ACADEMY 2102 BELL SHOALS RD BRANDON, FL 33511	59-1320590		91,486.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BEST FRIENDS FOR KIDZ 733 WEST LUMSDEN ROAD BRANDON, FL 33511	45-5175108		76,387.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BIBLE BASED FELLOWSHIP CHILD CARE CENTER - 8718 N 46TH ST - TAMPA, FL 33617	59-3499009		64,567.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BIBLE TRUTH MINISTRIES INTL, INC 4902 N. 22ND ST. TAMPA, FL 33610	59-3564506		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BLOOMINGDALE ACADEMY 11418 BLOOMINGDALE AVE RIVERVIEW, FL 33578	59-2361311		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB 1307 N MACDILL AVE TAMPA, FL 33607	59-0624368		708,498.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRANDON SPORTS AND AQUATIC CENTER, INC. - 405 BEVERLY BLVD - BRANDON, FL 33511-5507	59-1001300		220,146.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIDGES AT WESLEY EARLY LEARNING CENTER - 6100 MEMORIAL HIGHWAY - TAMPA, FL 33615	59-1306132		78,725.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHT FUTURES OF MERKIS 704 BELT CT TAMPA, FL 33612-5717	86-2662387		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHT HORIZONS AT TAMPA GENERAL 2 WELLS AVE NEWTON, MA 02459	04-2949680		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHT HORIZONS CHILDREN'S CENTERS LLC - 2 WELLS AVE - NEWTON, MA 02459	04-2949680		135,264.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHT HORIZONS CHILDREN'S CENTERS- TAMPA PALMS - 5171 CYPRESS PRESERVE DR - TAMPA, FL 33647	80-0188248		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHT STARS CHILDCARE & EARLY LEARNING CENTER LLC - 325 W. BUSCH BLVD - TAMPA, FL 33612	81-2873265		15,252.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHT STARS LEARNING ACADEMY 7815 TIDEWATER TRAIL TAMPA, FL 33619	84-4873867		36,117.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTER DAYS - HWY92 5506 E KIRBY ST TAMPA, FL 33617	46-1067635		79,913.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHTER DAYS - LAKEWOOD 5506 E KIRBY ST TAMPA, FL 33617	46-1067635		72,524.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHTER DAYS - PARSONS 5506 E KIRBY ST TAMPA, FL 33617	46-1067635		67,897.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BRIGHTER DAYS LLC D/B/A STEPPING STONE - 5506 E KIRBY ST - TAMPA, FL 33617	46-1067635		93,371.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BROOKWOOD ACADEMY 3820 COCONUT PALM DR TAMPA, FL 33619	59-3157987		59,392.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
BSAC AFTER SCHOOL EXPERIENCE AT KINGSWOOD - 405 BEVERLY BLVD - BRANDON, FL 33511-5507	59-1001300		11,573.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CARE BEARS LEARNING ACADEMY LLC 115 MARGARET ST STE A BRANDON, FL 33511	86-2256491		30,634.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CARE-A-LOT DEVELOPMENT CENTER 4002 W HUMPHREY ST TAMPA, FL 33614	59-3173794		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CARLTON ACADEMY DAY SCHOOL PO BOX 2767 TAMPA, FL 33601-2767	20-5724004		99,828.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARMEN A GARCIA DAYCARE ZUNZUN 12432 BALLENTRAE FOREST DR RIVERVIEW, FL 33579	83-2608705		18,956.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CARROLLWOOD VILLAGE KIND. & DAY NURSERY - 4405 EHRlich RD - TAMPA, FL 33624	59-2889321		50,505.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CASTLES OF IMAGINATION 820 BRYAN ROAD BRANDON, FL 33511	59-3748138		64,520.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CATHERINE'S EARLY LEARNING ACADEMY 11418 BLOOMINGDALE AVE RIVERVIEW, FL 33578	82-1917375		31,865.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CENTRAL BAPTIST CHRISTIAN SCHOOL 402 E WINDHORST RD BRANDON, FL 33510	59-1746397		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CFM-ROSA VALDEZ CENTER PO BOX 4576 TAMPA, FL 33677	59-0638509		78,922.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHASE BACK-UP CHILD CARE CENTER 2 WELLS AVE NEWTON, MA 02459	04-2949680		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHEMETRIA Y COPELAND 8317 CROTON AVE. TAMPA, FL 33619-7041	54-2094077		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDCARE OF BRANDON BIG BEND 6050 BIG BEND RD. GIBSONTON, FL 33534	83-2094074		87,610.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDCARE OF BRANDON BROADWAY 11002 E BROADWAY AVE SEFFNER, FL 33584	86-2253043		67,143.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDCARE OF BRANDON MISSOURI 10710 MISSOURI AVE. RIVERVIEW, FL 33569	83-3470945		84,242.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDCARE OF BRANDON-BLOOMINGDALE 10811 BLOOMINGDALE AVE RIVERVIEW, FL 33578	82-3521056		72,018.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDCARE OF BRANDON-TOWN CENTER 730 BRANDON TOWN CENTER DR BRANDON, FL 33511	82-3520807		96,946.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDLIFE PRESCHOOL-CARROLLWOOD/CITRUS PARK - 11201 W WATERS AVE - TAMPA, FL 33635	84-2321312		66,483.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDLIFE PRESCHOOL-COUNTRYWAY/WESTCHASE - 11201 W WATERS AVE - TAMPA, FL 33635	84-2321312		60,132.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN OF THE WORLD ACADEMY I, INC - 6033 MEMORIAL HWY - TAMPA, FL 33615	87-1307584		64,511.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN OF THE WORLD ACADEMY II, INC - 8731 JACKSON SPRINGS RD - TAMPA, FL 33615	87-1316142		82,169.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN OF THE WORLD ACADEMY III, INC - 4901 N. HABANA AVE - TAMPA, FL 33614	87-1316230		66,130.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ACADEMY 506 LIMONA ROAD BRANDON, FL 33510-2827	20-3864945		115,773.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN'S ACADEMY FISHHAWK LLC 10560 BROWNING ROAD LITHIA, FL 33547	38-4031362		86,471.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN'S ARK EARLY LEARNING 950 S MULRENNAN RD VALRICO, FL 33594	81-2870039		121,363.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDRENS GARDEN NURSERY & PRESCHOOL - 4106 N 15TH ST - TAMPA, FL 33610	83-1452493		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN'S LAND OF IMAGINATION ACADEMY - 17409 GUNN HWY - ODESSA, FL 33556	27-0717824		71,953.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN'S NEST DAY SCHOOL - 62ND ST. - 2603 PASS A GRILLE WAY - ST PETE BEACH, FL 33706	59-1960644		64,763.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN'S NEST DAY SCHOOL - BRYAN 2603 PASS A GRILLE WAY ST PETE BEACH, FL 33706	59-1960644		84,308.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN'S NEST DAY SCHOOL - DELEON - 2603 PASS A GRILLE WAY - ST PETE BEACH, FL 33706	59-1960644		59,905.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN'S NEST DAY SCHOOL - JACKSON SPRINGS - 2603 PASS A GRILLE WAY - ST PETE BEACH, FL 33706	59-1960644		57,646.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S NEST DAY SCHOOL - MENDONSA - 2603 PASS A GRILLE WAY - ST PETE BEACH, FL 33706	59-1960644		96,325.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CHILDREN'S NEST DAY SCHOOL- MAPLEDALE - 2603 PASS A GRILLE WAY - ST PETE BEACH, FL 33706	59-1960644		76,935.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CIRCA LRNG CTR/DBA KIDS R KIDS #15 5815 KIDS CROSSING DR LITHIA, FL 33547	27-2572158		100,430.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CIRCLE C RANCH ACADEMY 6204 INTERBAY BLVD TAMPA, FL 33611	59-2793710		85,168.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CITRUS PARK PRESCHOOL 11112 HENDERSON RD TAMPA, FL 33625	82-2772542		103,630.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
COLLEGE HILL COGIC PRESCHOOL P.O. BOX 11265 TAMPA, FL 33680-1265	59-1811181		63,863.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CONGREGATION SCHAARAI 3303 W SWANN AVE TAMPA, FL 33609	59-1394424		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
COUNTRY WAY VILLAGE CHILD CARE 8810 W. NORFOLK STREET TAMPA, FL 33615	59-3524837		51,164.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CREATIVE KIDZ LEARNING ACADEMY 6130 FLORENCE ST GIBSONTON, FL 33534	47-4115050		53,569.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVE LEARNING ACADEMY 5557 W WATERS AVE TAMPA, FL 33634	81-3186899		79,889.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CREATIVE WORLD CAUSEWAY 9815 CAUSEWAY BLVD TAMPA, FL 33619	90-1038091		117,693.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CREATIVE WORLD FISHHAWK 5525 OSPREY RIDGE DR LITHIA, FL 33547	45-3992124		92,809.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CREATIVE WORLD RIVERVIEW 11361 SYMMES RD RIVERVIEW, FL 33569	45-3992177		130,116.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CREATIVE WORLD SCHOOL APOLLO BEACH 5931 FROND WAY APOLLO BEACH, FL 33572	47-2849590		110,899.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CREATIVE WORLD SCHOOL CROSS CREEK 10693 CROSS CREEK BLVD TAMPA, FL 33647	45-3667901		96,515.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CREATIVE WORLD SCHOOL TAMPA PALMS 5365 PRIMROSE LAKE CIRCLE TAMPA, FL 33647	81-2095588		104,104.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CROSSROADS BAPTIST CHURCH P.O. BOX 500 LITHIA, FL 33547	59-2017461		27,378.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
CURRY FAMILY CHILDCARE 1810 HEATHER AVE TAMPA, FL 33612	81-5244741		11,665.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEVINED LITTLE STEPS ACADEMY 2004 E HAMILTON AVE TAMPA, FL 33610	85-4181509		10,356.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
DISCOVERY POINT #54 3472 KINGS COMMERCIAL CT VALRICO, FL 33594-3347	20-8926457		88,261.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
DISCOVERY POINT #60 11719 SYMMES RD RIVERVIEW, FL 33569	26-4021751		82,938.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
DISCOVERY POINT #70 13011 SUMMERFIELD CROSSING BLV RIVERVIEW, FL 33579	27-3504511		96,044.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
DISCOVERY POINT DEVELOPMENT CENTER #34 - 5203 W. LUTZ LAKE FERN RD - LUTZ, FL 33558	38-3920917		128,034.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
DOMINION LIFE CHRISTIAN ACADEMY, INC. - 9390 N. FLORIDA AVE - TAMPA, FL 33612	82-3445808		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
DREAM CHASERS ACADEMY OF EXCELLENCE INC. - 14324 N BOULEVARD - TAMPA, FL 33613	82-1798563		30,564.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
EARLY SCHOLARS LEARNING ACADEMY 9321 N ARMENIA AVE TAMPA, FL 33612-7512	45-5604924		39,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
EARLY STEPS MONTESSORI ACADEMY 10701 ANDERSON RD TAMPA, FL 33624	46-3095896		65,020.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTH ANGEL'S LEARNING ACADEMY 9714 N BOULEVARD TAMPA, FL 33612	85-2267771		70,934.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
EAST TAMPA ACADEMY 4309 N 34TH ST TAMPA, FL 33610	27-3353656		15,379.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
EASTER SEALS FLORIDA, INC. 2010 CROSBY WAY WINTER PARK, FL 32792	59-0637848		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ECHO LEARNING CENTER BILINGUAL 6535 E HILLSBOROUGH AVE TAMPA, FL 33610	87-1691513		6,894.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ECHO LEARNING CENTER INC 6535 E. HILLSBOROUGH AVE TAMPA, FL 33610	82-4530719		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
EDUCATED MINDS ACADEMY, INC. 10025 W HILLSBOROUGH AVE TAMPA, FL 33615	82-2360293		59,889.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ELLIES SMALL WORLD, LLC 3115 W. LAMBRIGHT ST. TAMPA, FL 33614	82-3160010		29,817.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ELSA KIDS DAYCARE 6315 W CHELSEA ST TAMPA, FL 33634	59-3755055		33,653.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FAITH CHRISTIAN ACADEMY PRESCH 905 W. TERRACE DR. PLANT CITY, FL 33563	45-4362034		27,376.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY LEARNING CENTER 3108 W AZEELE ST TAMPA, FL 33609	59-1807551		26,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FAMILY LOVING DAYCARE INC 9912 N MYRTLE ST TAMPA, FL 33617	02-0794738		30,106.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FAMILY OF CHRIST LUTHERAN CHILD DEV CTR - 16190 BRUCE B DOWNS BLVD - TAMPA, FL 33647	59-3542869		105,240.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FANTASY HOME DAY CARE 1730 W COMANCHE AVE TAMPA, FL 33603	39-2437468		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FAT ALBERTS DAY CARE CENTER 4201 E HANNA AVE TAMPA, FL 33610	59-3535993		28,993.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FIRST BAPTIST BRANDON CHRISTIAN ACADEMY - 216 N PARSONS AVE - BRANDON, FL 33510	59-0937632		73,227.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FIRST BAPTIST CHURCH TEMP TERR WEE WORLD - 10002 56TH STREET - TEMPLE TERRACE, FL 33617	59-6045892		59,955.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FIRST BAPTIST LEARNING CENTER 503 N. PALMER ST. PLANT CITY, FL 33563	59-0895024		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FIRST DISCOVERIES 4003 S. MANHATTAN AVENUE TAMPA, FL 33611	26-2022768		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST DISCOVERIES ACADEMY 4003 S. MANHATTAN AVENUE TAMPA, FL 33611	26-2022768		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FIRST PRESB PRESCHOOL OF BRANDON INC - 121 CARVER AVE - BRANDON, FL 33510	65-1155535		33,385.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FISH HAWK EARLY LEARNING CENTER 6001 PARKSET DR LITHIA, FL 33547	20-3168693		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FISH HAWK EARLY LEARNING CENTER II 6001 PARKSET DR LITHIA, FL 33547	20-3168693		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FOREST HILLS PRESBYTERIAN LEARNING CTR - 709 W. LINEBAUGH AVENUE - TAMPA, FL 33612	59-3121997		52,881.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FOUNDATION CHRISTIAN ACADEMY 3955 LITHIA PINECREST RD VALRICO, FL 33596	59-3128048		44,254.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FREDDIE JEAN LEARNING 2334 W MAIN STREET TAMPA, FL 33607	47-5063377		58,128.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FRESH BEGINNINGS AND BEYOND LL 1909 N 35TH ST TAMPA, FL 33605	81-1846916		10,556.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
FUTURE LEADERS ACHIEVEMENT III 5240 E SLIGH AVE TAMPA, FL 33617	46-2097424		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARCIA, RAQUEL DBA LOS ZAPATICOS DE ROSA LLC - 3108 W LEROY ST - TAMPA, FL 33607	85-2856308		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
GENTLE HANDS ACADEMY LLC 10709 CARLOWAY HILLS DR WIMAUMA, FL 33598	81-1796811		14,516.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
GLADYS ESPINOSA BETANCOURT 7608 W LOUISIANA AVE TAMPA, FL 33615	87-0893306		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
GOD'S GARDEN PRESCHOOL 3223 GALLAGHER RD DOVER, FL 33527	59-0794392		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
GOLDEN RULE CHILD CARE GOLDEN RULE LANE - 104 GOLDEN RULE LANE - PLANT CITY, FL 33566	20-0588013		93,948.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
GOOD SHEPHERD DAY SCHOOL 501 S DALE MABRY HWY TAMPA, FL 33609	59-0910351		21,197.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
GRANT PARK CHRISTIAN ACADEMY 5107 E 32ND AVE TAMPA, FL 33619	42-4210451		44,608.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
GREAT HOPE PRESCHOOL-LAKE MAGDALENE - 12408 OLA AVE - TAMPA, FL 33612	47-1851994		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
GREEN HOUSE LEARNING ACADEMY OF TAMPA, LLC - 4121 W COMANCHE AVE - TAMPA, FL 33614	81-3812834		31,529.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEST TIME CHILD DEVELOPMENT CENTER DBA KID LIFE PRESCHOOL - 1511 US HWY 301 S. - TAMPA, FL 33619	59-1825184		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HCPS ELEM HOST 901 E KENNEDY BLVD ATTENTION: SANDY TAMPA, FL 33602	59-6000660		1,619,684.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HEAVEN SENT 3003 KINGS AVENUE SOUTH BRANDON, FL 33511	20-0116781		31,822.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HEBREW ACADEMY 14908 PENNINGTON ROAD TAMPA, FL 33624	46-0579821		31,158.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HELPING HAND DAY NURSERY IV PO BOX 11495 ATTN GLYNIS MALCOLM TAMPA, FL 33680	59-0724461		58,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HERE WE GROW LEARNING CENTER 1211 WISHING WELL WAY TAMPA, FL 33619	20-8855335		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HIGH 5 INC. 405 BEVERLY BLVD BRANDON, FL 33511-5507	59-1001300		7,191.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HIGHER CALLING LEARNING ACADEMY 808 E OKALOOSA AVE TAMPA, FL 33604	86-1543099		34,214.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HILLEL ACADEMY 2020 W FLETCHER AVE TAMPA, FL 33612	59-1292840		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSBOROUGH BAPTIST SCHOOL 6021 WILLIAMS RD SEFFNER, FL 33584	59-3137417		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HILLSBOROUGH COMMUNITY COLLEGE YBOR CHILD DEV. CTR - 2112 NORTH 15TH STREET - TAMPA, FL 33605	59-1219841		49,554.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HILLSDALE PRESCHOOL & ACADEMY 6201 EHRLICH ROAD TAMPA, FL 33625	59-0971834		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HOLY TRINITY LUTHERAN SCHOOL 3712 W EL PRADO BLVD TAMPA, FL 33629	59-0917847		76,448.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HOME AWAY FROM HOME LEARNING CENTER 1 - 3002 SOUTH 78TH STREET - TAMPA, FL 33619	20-3895598		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
HYPERION EDUCATION VALRICO 3105 LITHIA PINECREST RD VALRICO, FL 33596	83-1607097		84,818.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
IMMANUEL LUTHERAN CHURCH AND SCHOOL - 22147 RIVER ROCK DR ATTN M PELEAZ - LAND O LAKES, FL 34639	59-3701790		10,888.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
INCARNATION CATHOLIC SCHOOL 5111 WEBB RD TAMPA, FL 33615	59-3136849		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
INFINITY HOUSE OF LOVE 1806 E. 115TH AVE TAMPA, FL 33612	84-4747813		10,556.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISTABA PEACE ACADEMY 7326 E SLIGH AVE TAMPA, FL 33610	59-0201966		36,661.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
IT'S KIDZ TIME OF RIVERVIEW INC 11329 BIG BEND ROAD RIVERVIEW, FL 33579	59-3660383		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
J.E. BRANHAM CHRISTIAN ACADEMY 912 E. SLIGH AVE. TAMPA, FL 33604	82-1148570		25,807.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
J.P. MORGAN CHASE BACK-UP CTR AT FOUNTAIN SQUARE - 2 WELLS AVE - NEWTON, MA 02459	04-2949680		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
JEWISH COMMUNITY CENTER OF TAMPA 2710 SOUTH YSABELLA AVE. TAMPA, FL 33629	23-7182057		122,401.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
JOYAS DEL FUTURO ACADEMY INC 7501 N. HIMES AVE. TAMPA, FL 33614	87-1230484		33,897.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
JUST FOR TOTS ACADEMY 4417 N. LOIS AVE TAMPA, FL 33614	20-0770987		74,856.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KEYSTONE CHILDREN'S ACADEMY 4405 KELLY RD TAMPA, FL 33615	59-3666923		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KEYSTONE CHRISTIAN PRSCH AND PMO PROGRAM - 16301 RACETRACK ROAD - ODESSA, FL 33556-3026	59-0971424		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KID CITY USA PLANT CITY 105 THRASHER ROAD PLANT CITY, FL 33566	86-3322938		35,427.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KID CITY USA RIVERVIEW 11329 BIG BEND ROAD RIVERVIEW, FL 33579	88-0995986		26,276.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDDIE ACADEMY OF BLOOMINGDALE 637 SOMERSTONE DRIVE VALRICO, FL 33594	83-0996485		99,478.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDDIE ACADEMY OF CARROLLWOOD 15320 CASEY ROAD TAMPA, FL 33624	01-0781745		89,154.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDDIE ACADEMY OF WESTCHASE 12101 W HILLSBOROUGH AVE TAMPA, FL 33635	81-4141336		105,071.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDDIE CAMPUS UNIVERSITY 111 MYRTLE RIDGE ROAD LUTZ, FL 33549	59-3607759		113,346.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDDIE COUNTRY 5301 MEMORIAL HWY. TAMPA, FL 33634	03-0515530		31,230.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDDIE KOLLEGE BABYWORLD 4319 W. FAIR OAKS AVE. TAMPA, FL 33611	84-3007582		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDDIE KOLLEGE DAY CARE 4319 W FAIR OAKS AVE TAMPA, FL 33611	84-3007582		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS CLUB EARLY LEARNING CENTER LLC - 608 N ALEXANDER STREET - PLANT CITY, FL 33563	20-0246794		62,025.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDS COMMUNITY COLLEGE 10550 JOHANNA AVE RIVERVIEW, FL 33578	83-0351065		144,563.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KID'S COMMUNITY COLLEGE SOUTHEAST 11519 MCMULLEN RD RIVERVIEW, FL 33569	45-2636712		12,613.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDS CORNER ACADEMY 3401 W. COLUMBUS DRIVE TAMPA, FL 33607	46-3024562		34,767.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDS COVE LEARNING ACADEMY 10891 HACKNEY DR RIVERVIEW, FL 33578	82-3728302		88,726.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDS R KIDS #6 FL 9802 WESTCHASE DR TAMPA, FL 33626	65-0580252		123,332.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDS R KIDS SOUTHSHORE 13151 KINGS LAKE DR GIBSONTON, FL 33534	82-3724814		121,567.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDS R KIDS WATERSET 13151 KINGS LAKE DR GIBSONTON, FL 33534	82-3724814		134,018.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDS R TOPS 215 KINGSWAY RD BRANDON, FL 33510	82-3138354		75,051.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS WORLD 9 LLC 121 W PROSSER DRIVE PLANT CITY, FL 33563	81-3284128		32,175.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDS ZONE LEARNING CENTER 6432 W LINEBAUGH AVE TAMPA, FL 33625	59-2988120		58,214.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDZ 1ST CHOICE DAYCARE LLC 3003 N. 43RD STREET TAMPA, FL 33605	86-3295147		10,556.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDZ CARE ACADEMY 4936 NORTHDAL BLVD TAMPA, FL 33624	81-1177161		52,512.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDZ CLUB ACADEMY LLC 1202 E SHELL POINT RD RUSKIN, FL 33570	87-1702528		36,884.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KIDZ IN PLAY CHILDCARE CENTER 2 4201 E. OSBORN AVE TAMPA, FL 33610	46-3493330		37,339.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KINDER CARE LEARNING CENTER #1139 650 NE HOLLADAY ST, SUITE 1400 PORTLAND, FL 97232	47-4478313		51,020.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KINDER CARE LEARNING CENTER #1254 650 NE HOLLADAY ST, SUITE 1400 PORTLAND, FL 97232	47-4478313		76,038.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KINDER CARE LEARNING CENTER #1264 650 NE HOLLADAY ST, SUITE 1400 PORTLAND, FL 97232	47-4478313		78,437.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINDERCARE LEARNING CENTER #1290 650 NE HOLLADAY ST, SUITE 1400 PORTLAND, FL 97232	47-4478313		68,747.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KINDERCARE LEARNING CENTER #342 650 NE HOLLADAY ST, SUITE 1400 PORTLAND, FL 97232	47-4478313		70,619.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KINDERCARE LEARNING CENTER #887 650 NE HOLLADAY ST, SUITE 1400 PORTLAND, FL 97232	47-4478313		64,197.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KINDERCARE LEARNING CENTER PREMIERE - 1701 W TIMBERLANE DRIVE - PLANT CITY, FL 33566	63-0941966		73,757.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KINGDOM KIDS LEARNING CENTER OF TAMPA LLC - 4922 S 84TH ST - TAMPA, FL 33619	83-1495441		29,231.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KING'S KIDS CHRISTIAN ACADEMY OF TPA INC - 3000 N 34TH ST - TAMPA, FL 33605	45-3769071		68,220.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
KRESTVIEW KID'S ACADEMY LLC (NEW OWNER) - 11425 BALM RIVERVIEW RD. - RIVERVIEW, FL 33569	84-3855697		30,687.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
L.G. LEARNING EXPRESS 10302 N NEBRASKA AVE TAMPA, FL 33612	83-1995714		29,501.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA PETITE ACADEMY 7395 1011 GREENHOLLOW LN VALRICO, FL 33596	43-1243221		75,050.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA PETITE ACADEMY 7397 1011 GREENHOLLOW LN VALRICO, FL 33596	43-1243221		65,038.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA PETITE ACADEMY 7400 606 E WINDHORST RD BRANDON, FL 33510	43-1243221		75,469.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA PETITE ACADEMY 7405 10025 CRISTINA DR RIVERVIEW, FL 33569	43-1243221		83,488.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA PETITE ACADEMY 7406 HUMPHREY 1011 GREENHOLLOW LN VALRICO, FL 33596	43-1243221		69,388.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA PETITE ACADEMY 7407 1011 GREENHOLLOW LN VALRICO, FL 33596	43-1243221		78,434.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA PETITE ACADEMY 7408 1011 GREENHOLLOW LN VALRICO, FL 33596	43-1243221		127,831.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA PETITE ACADEMY 7409 1011 GREENHOLLOW LN VALRICO, FL 33596	43-1243221		39,667.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA PETITE ACADEMY 7410 1011 GREENHOLLOW LN VALRICO, FL 33596	43-1243221		86,974.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LA ROCA CHRISTIAN ACADEMY 109 APRIL LN TAMPA, FL 33613	82-0708383		7,732.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADYBIRD FISHHAWK LLC 16470 HAMMOCK CROSSING DR. LITHIA, FL 33547	82-2573969		85,324.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LAKA CHILDCARE LLC 4701 N 15TH STREET TAMPA, FL 33610	84-5068206		41,509.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LAKE MAGDALENE UMC ECC 2902 WEST FLETCHER AVE TAMPA, FL 33618	59-3488520		103,300.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LAND OF LEARNING ACADEMY 8809 W. ROBSON STREET TAMPA, FL 33615	02-0810353		114,975.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LAVETI INC. DBA THE GODDARD SCHOOL 14106 SPECTOR RD LITHIA, FL 33547	81-1392367		102,220.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LEARN & GROW PRE-SCHOOL CORP. 2501 DURANT RD VALRICO, FL 33596	14-1879372		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LEARNING GATE INC 16331 HANNA RD LUTZ, FL 33549	59-2248227		37,959.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LEE ACADEMY FOR GIFTED ACADEMY 3001 LEE ACADEMY COURT TAMPA, FL 33614	59-3360497		9,478.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LIBERTY CHRISTIAN SCHOOL 2505 W GRANFIELD AVE PLANT CITY, FL 33563	27-1812912		26,955.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIC SUSAN F SCANNON CHRISTIAN LEARNING CENTER - 9612 N 26TH ST - TAMPA, FL 33612	82-4284484		25,558.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LIL EXPLORERS CHRISTIAN CTR INC P.O. BOX 4954 PLANT CITY, FL 33563	45-5347409		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LIL MUNCHKINS LEARNING CENTER INC 702 S EVERS ST PLANT CITY, FL 33563	45-5358126		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LIL PALS 1010 SOUTH 76TH STREET TAMPA, FL 33619	27-1513296		68,360.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LIL TOTS LEARNING CENTER 3042 S 78TH ST TAMPA, FL 33619	81-1610044		34,137.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LIMONA VILLAGE CHAPEL CHILDREN'S CENTER - 408 LIMONA RD - BRANDON, FL 33510	59-1665359		59,876.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LINDA'S DAY CARE CENTER 3006 21ST AVE. TAMPA, FL 33610	59-3525358		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LINDA'S LITTLE PEOPLE INC 1406 N. WHEELER STREET PLANT CITY, FL 33563	20-8518985		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LITHIA LEARNING CENTER D/B/A KIDS R K #8 - 4321 LYNX PAW TRAIL - VALRICO, FL 33596	04-3650773		97,687.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE EAGLES CHRISTIAN PRESCHOOL 2801 EAST 17TH AVE TAMPA, FL 33605	90-0260330		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LITTLE GIANTS LEARNING ACADEMY NORTH - 10891 HACKNEY DR - RIVERVIEW, FL 33578	82-3728302		87,519.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LITTLE GIANTS LEARNING ACADEMY SOUTH - 10891 HACKNEY DR - RIVERVIEW, FL 33578	82-3728302		107,602.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LITTLE HOUSE KINDER LEARNING CENTER - 6333 MEMORIAL HWY - TAMPA, FL 33615-4537	68-0637769		37,640.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LITTLE STEPS LEARNING ACADEMY 8325 N PACKWOOD AVE TAMPA, FL 33604	01-0814474		61,196.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LITTLE TEAM LEARNING ACADEMY 6929 N. MANHATTAN AVE TAMPA, FL 33614	45-2302928		40,589.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LITTLE TOTS BUILDING BLOCKS ACADEMY - 812 MAYDELL DR - TAMPA, FL 33619	85-2269446		32,338.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LITTLE WONDERS LEARNING CENTER 7916 N. HIMES AVENUE TAMPA, FL 33614	20-5262909		32,752.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LOLA'S CHILD CARE 4017N 34TH ST TAMPA, FL 33610	59-3295387		34,152.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE & GLORY LEARNING CENTER INC. 8407 N. 37TH ST. TAMPA, FL 33604	86-1054758		66,756.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC - 1101 W SLIGH AVE - TAMPA, FL 33604	59-2328289		20,774.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LUTZ MONTESSORI SCHOOL LLC 5604 W, LUTZ LAKE FERN RD LUTZ, FL 33558	81-2986994		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LUTZ LEARNING CENTER INC 621 SUNSET LANE LUTZ, FL 33549	59-2497051		68,812.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
LUTZ PRE-PREP 17951 N US HIGHWAY 41 LUTZ, FL 33549	45-3019174		76,136.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MANIFESTATIONS EARLY CHILD CARE CENTER - 3102 E LAKE AVE - TAMPA, FL 33610	59-3731193		73,828.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MARK OF EXCELLENCE ACADEMY, LLC 1905 LENNA AVE. SEFFNER, FL 33584	85-4324823		35,629.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MARY GO ROUND CHILD CARE CENTER 10615 SOUTHERN POINTE BLVD RIVERVIEW, FL 33578	59-1692090		61,529.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MARY GO ROUND SOUTH POINTE 10615 SOUTHERN POINTE BLVD RIVERVIEW, FL 33578	59-1692090		75,577.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY'S LITTLE LAMB PRESCHOOL INC 7311 N. ARMENIA AVE TAMPA, FL 33604	52-2207965		34,105.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MAYLEN UMARAN-SOLARES SEA LIFE DAYCARE LLC - 8402 CATALINA DR - TAMPA, FL 33615	83-3411440		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MESSIAH LUTHERAN CHURCH PRESCHOOL 14920 HUTCHISON RD TAMPA, FL 33625	59-2258240		48,629.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
METROPOLITAN MINISTRIES 2002 N FLORIDA AVE TAMPA, FL 33602	59-1477007		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MILESTONE ACADEMY 8801 N 78TH ST TEMPLE TERRACE, FL 33637	82-1147174		70,479.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MONTESSORI ACADEMY OF SOUTH TAMPA 501 SOUTH MACDILL AVE TAMPA, FL 33609	47-2189513		32,223.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MONTESSORI EARLY LEARNING CENTER 3823 HUDSON LN TAMPA, FL 33618	20-2276266		62,121.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MONTESSORI HOUSE DAY SCHOOL - HANLEY - 5117 EHRLICH RD - TAMPA, FL 33624	85-2562826		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MORNING GLORY PRESCHOOL 6001 CHRISTY LANE RIVERVIEW, FL 33578	27-2038732		78,230.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHER GOOSE PRESCHOOL 3407 N HABANA AVE TAMPA, FL 33607	59-3245538		58,689.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MOUNT CALVARY SEVENTH 3111 E WILDER AVE TAMPA, FL 33610	27-1952722		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MY BLUE STAR CORPORATION 3003 W ROBSON ST TAMPA, FL 33614	81-1729343		5,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
MY LITTLE GIANTS DAY SCHOOL 6503 N HIMES AVE TAMPA, FL 33614	38-3914962		81,712.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NELSIE'S DAY CARE LEARNING CENTER 2708 NORTH BOULEVARD TAMPA, FL 33602	30-0210585		29,111.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NEW HEAVEN LEARNING CENTER 16246 SAGEBRUSH ROAD TAMPA, FL 33618	27-3052892		27,206.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NEW HOPE EARLY LEARNING 130 N MOON AVE BRANDON, FL 33510	59-0944283		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NEW JERUSALEM CHRISTIAN ACADEMY 3101 S KINGSWAY RD SEFFNER, FL 33584	59-2803704		28,169.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NEXT GENERATION KIDZ EARLY CDHD LRNG INC - 1207 EAST JUNEAU STREET - TAMPA, FL 33604	45-2424596		25,243.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXT GENERATION KIDZ EARLY CHILDHOOD LEARNING CTR 3 INC. - 6815 E 21ST AVE - TAMPA, FL 33619	81-4408241		29,547.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NEXT GENERATION KIDZ ECL CENTER 2 INC - 3211 SANCHEZ ST - TAMPA, FL 33605	84-4391522		47,804.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NEXT JEN'ERATION KIDS ACADEMY 410 S. COLLINS ST PLANT CITY, FL 33563	84-2308641		56,455.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NORTH TAMPA CHRISTIAN ACADEMY EXPLORERS INC - 5585 E COUNTY LINE RD - WESLEY CHAPEL, FL 33544	82-5189866		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
NORTHDAL Christian Academy 15709 MAPLEDALE BLVD TAMPA, FL 33624	59-2379252		26,930.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
O2B KIDS RIVERVIEW 11616 BOYETTE RD RIVERVIEW, FL 33569	83-2498276		92,968.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
O2B KIDS SOUTH TAMPA 11616 BOYETTE RD RIVERVIEW, FL 33569	83-2498276		90,140.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
O2B KIDS SOUTH WESTSHORE 11616 BOYETTE RD RIVERVIEW, FL 33569	83-2498276		19,798.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
OPEN ARMS LEARNING CENTER INC (CYNESIA BOYKINS) - 1217 BARMERE LANE - BRANDON, FL 33511	26-2385269		9,478.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMA CEIA ACADEMY INC 4230 HENDERSON BLVD TAMPA, FL 33629	59-2197931		58,966.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PALMA CEIA UNITED METHODIST DAY SCHOOL - 3723 W BAY TO BAY BLVD - TAMPA, FL 33629	59-2197931		84,522.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PANDA HUGS ACADEMY 15051 BRUCE B DOWNS BLVD TAMPA, FL 33647	85-3678468		101,491.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PARADISE LEARNING CENTER 6704 N HIMES AVE TAMPA, FL 33614	59-2946610		37,853.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PARADISE LEARNING CENTER II 6704 N HIMES AVE TAMPA, FL 33614	59-2946610		35,215.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PARADISE LEARNING CENTER III 6704 N HIMES AVE TAMPA, FL 33614	59-2946610		34,468.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PARADISE LEARNING CENTER IV 6704 N HIMES AVE TAMPA, FL 33614	59-2946610		34,040.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PARADISE LEARNING CENTER V 6704 N HIMES AVE TAMPA, FL 33614	59-2946610		61,834.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PARDUE CC LITHIA LLC DBA THE LEARNING EXPERIENCE - 16232 BAYBERRY GLEN DR - LITHIA, FL 33547	85-1080170		87,920.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARDUE CHILDCARE SERVICES, LLC 14708 17TH AVE EAST BRADENTON, FL 34212	81-1634851		102,183.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PARK-A-TOT INC 3809 W FIG ST TAMPA, FL 33609	59-2946977		55,481.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PINECREST MIRNIA'S ACADEMY 6605 N. HALE AVENUE TAMPA, FL 33614	47-4239127		63,498.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PINOCCHIO LEARNING CENTER, INC 3303 W SAINT LOUIS ST TAMPA, FL 33607	83-0698110		37,662.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PIT STOP 4 KIDS LLC 11207 US HIGHWAY 301 S RIVERVIEW, FL 33578	46-5138629		90,418.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PLANT CITY LEARNING CENTER INC 651 EAST ALEXANDER STREET PLANT CITY, FL 33563	27-1343446		94,094.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PLATO ACADEMY PRESCHOOL TAMPA 4903 EHRLICH RD TAMPA, FL 33624	68-0615177		26,435.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PLAY 'N' LEARN CHILDREN'S DEVELOPMENT CT - 14706 N. BOULEVARD - TAMPA, FL 33613-1716	26-0794001		59,146.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PLAYTIME LEARNING ACADEMY 4701 EHRLICH ROAD TAMPA, FL 33624	74-3035144		96,035.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYWORLD ACADEMY LLC 5002A W LINEBAUGH AVE TAMPA, FL 33624	59-2614731		53,441.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
POST SUNSHINE RANCH 1350 JOHN MOORE RD. BRANDON, FL 33511	20-0209191		90,497.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRECIOUS GEMS ACADEMY 736 MARTIN LUTHER KING BLVD SEFFNER, FL 33584	30-0766467		58,434.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRECIOUS ONES LEARNING CENTER 5810 N HALE AVE TAMPA, FL 33614	47-1865499		36,428.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRIMAVERA PRESCHOOL, INC 12881 BAYOU BRANCH AVE TAMPA, FL 33635	20-4628326		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRIMROSE SCHOOL OF BLOOMINGDALE 1280 BLOOMINGDALE AVENUE VALRICO, FL 33596	27-2227406		94,051.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRIMROSE SCHOOL OF CARROLLWOOD 1770 W BEARS AVENUE TAMPA, FL 33613	47-2275196		103,719.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRIMROSE SCHOOL OF CROSS CREEK 10301 CROSS CREEK BLVD TAMPA, FL 33647	81-1716350		118,697.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRIMROSE SCHOOL OF LUTZ 3959 VAN DYKE RD STE 233 LUTZ, FL 33558	81-5247548		112,458.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMROSE SCHOOL OF SOUTH TAMPA 1700 WEST KENNEDY BLVD TAMPA, FL 33606	45-1758822		182,642.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRIMROSE SCHOOL OF TAMPA PALMS - 3 5307 PRIMROSE LAKE CIRCLE TAMPA, FL 33647	81-3756865		115,831.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRIMROSE SCHOOL OF WESTCHASE 12051 WHITMARSH LN TAMPA, FL 33626	59-3598577		108,233.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PRODIGY EARLY LEARNING AT CREEKSIDE - 800 CORPERATE DR. SUITE 124 - FT LAUDERDALE, FL 33334	84-2387964		78,449.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PROGRESS VILLAGE ACADEMY 8722 PROGRESS BLVD TAMPA, FL 33619	59-2879110		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
PROVIDENCE BAPTIST DAYCARE 5416 PROVIDENCE ROAD RIVERVIEW, FL 33578	59-1103739		18,896.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
RAINBOW KIDS CHILDCARE CENTER LLC 4124 W WATERS AVE TAMPA, FL 33614	87-2062589		36,061.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
RAINBOW OF KIDS ACADEMY 2520 W. HENRY AVE TAMPA, FL 33614	81-1414462		35,773.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
RCLUB CHILDCARE AT TELECOM 4140 4TH STREET NORTH ST. PETERSBURG, FL 33709-5736	59-1704870		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSE ACADEMY OF ACHIEVERS 4108 E. ELLICOTT ST. TAMPA, FL 33610	84-3711654		31,232.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
RUSKIN CHRISTIAN SCHOOL 820 W COLLEGE AVE RUSKIN, FL 33570	59-1466297		58,153.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
RUSKIN U M CHURCH DAY CARE CENTER P.O. BOX 325 RUSKIN, FL 33570	59-0994487		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SAFE AND SOUND LEARNING CENTER LLC 6205 TRENT CREEK DR. RUSKIN, FL 33573	83-3694103		15,472.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SAFETYLAND DAY NURSERY & KINDERGARTEN - 13122 N. 15TH ST. - TAMPA, FL 33612	59-1274854		78,757.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SANDRA THOMAS FAMILY ENRICHMENT CENTER INC. - 1924 E. COMANCHE AVENUE - TAMPA, FL 33610	86-3282557		30,436.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SEE SAW JUNCTION LEARNING 8720 NORTH 40TH STREET TAMPA, FL 33604	59-3027656		37,835.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SEE SAW JUNCTION LRG CTR II 8720 NORTH 40TH STREET TAMPA, FL 33604	59-3027656		33,997.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SEFFNER EARLY CHILDHOOD 205 E US HIGHWAY 92 SEFFNER, FL 33584	82-3636829		33,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMINOLE HEIGHTS UNITED METHODIST PRESCH - 6111 N. CENTRAL AVE. - TAMPA, FL 33604	59-0657332		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SHINING STARS PRESCHOOL ACADEMY, INC. - 603 E MORGAN ST - BRANDON, FL 33510	59-3326343		59,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SIMMONS CHILD WORLD 11105 E US HWY 92 SEFFNER, FL 33584	82-0625730		85,576.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SKY HIGH LEARNING ACADEMY LLC 7912 N ARMENIA AVE TAMPA, FL 33604-3807	20-8636867		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SMALL BLESSINGS AT HYDE PARK U M 500 W PLATT STREET TAMPA, FL 33606	59-0714823		70,321.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SMART KIDS ACADEMY LLC 3512 W BAKER ST PLANT CITY, FL 33563	20-5186184		55,235.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SMART START PRE-PREP 13801 MCCORMICK DRIVE TAMPA, FL 33626-3017	26-1565571		98,134.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SMART STEPS LLC 9653 WILSKY BLVD TAMPA, FL 33615	84-4254133		55,838.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SOUTHSHORE MONTESSORI 7006 SAIL VIEW LN APOLLO BEACH, FL 33572	45-4416210		100,355.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANDREWS UNITED METHODIST PRESCHOOL - 3315 S. BRYAN RD - BRANDON, FL 33511	59-2430627		65,454.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ST. CLEMENTS ACADEMY 706 W 113TH AVE TAMPA, FL 33612	59-1306561		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ST. JOSEPH'S CHILD CARE CENTER 3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607	47-5014010		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ST. PAUL CATHOLIC PRESCHOOL 12708 N. DALE MABRY HWY TAMPA, FL 33618	59-2536610		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
ST. PETER CLAVER CATHOLIC SCHOOL 1401 N GOVERNOR ST TAMPA, FL 33602	59-6044997		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
STEAM PRESCHOOL ACADEMY AT NETPARK TAMPA BAY - 5015 NORTH 56TH STREET - TAMPA, FL 33610	47-5623770		98,974.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
STEAM PRESCHOOL ACADEMY OF PLANT CITY - 1108 GOLDFINCH DR - PLANT CITY, FL 33563	84-3841051		62,034.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
STEP AHEAD ACADEMY 308 E 124TH AVE TAMPA, FL 33612	81-4440149		72,368.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
STEPS TO MATURITY LEARNING CENTER 9508 N NEBRASKA AVE TAMPA, FL 33612	20-8152659		95,156.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STORYBOOK RANCH PRESCHOOL INC 8401 W LINEBAUGH AVE TAMPA, FL 33625	59-3493269		63,603.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
STRAWBERRY CREST EARL CHILDHOOD DEV CENTER INC - 3802 GALLAGHER RD - PLANT CITY, FL 33565	85-2946252		33,404.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SUNCOAST ACADEMY INC 4210 HENDERSON BLVD TAMPA, FL 33629	59-1793242		32,888.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SUNCOAST ACADEMY INFANT AND TODDLER CENTER - 4210 HENDERSON BLVD - TAMPA, FL 33629	59-1793242		32,197.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
SUNSHINE CHILDREN'S LEARNING CNTR KELLY - 4405 KELLY RD - TAMPA, FL 33615	59-3666923		95,673.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TAMPA BAY ACADEMY 14214 N NEBRASKA AVE TAMPA, FL 33613	81-4535354		29,725.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TAMPA BAY CHRISTIAN ACADEMY OF FL. INC - 6815 N ROME AVE - TAMPA, FL 33604	46-2566886		57,798.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TAMPA DAYCARE CENTER 7402 N 56TH STREET SUITE 200 TAMPA, FL 33617	85-1946675		66,370.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TAMPA ELITE SPORTS ACADEMY 8001 SHELDON ROAD TAMPA, FL 33615	27-1674141		79,162.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)



HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE TERRACE PRESBYTERIAN WEEKDAY SCH - 420 BULLARD PKWY - TEMPLE TERRACE, FL 33617	59-3275069		71,673.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE ACADEMY AT TRUE SANCTUARY OF PRAISE - 6528 US HIGHWAY 301 S STE 114 - RIVERVIEW, FL 33578	47-2456351		54,646.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE BRANDON MONTESSORI SCHL AT RIVERHILL - 4223 LYNX PAW TRL - VALRICO, FL 33596	59-3686667		60,283.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE GODDARD SCHOOL 13401 TAMPA OAKS BLVD TAMPA, FL 33637	47-0964573		92,504.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE GODDARD SCHOOL BRICK PLACE 14607 BRICK PL TAMPA, FL 33626	26-4420224		95,939.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE GODDARD SCHOOL OF SOUTH TAMPA 2401 W KENNEDY BLVD TAMPA, FL 33609	26-4623979		74,712.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE GROWING TREE ACADEMY 8718 SOUTH MOBLEY TAMPA, FL 33626	45-4329000		84,712.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE LEARNING CENTER AT LAKE CARROL 10002 56TH STREET TEMPLE TERRACE, FL 33617	59-6045892		48,594.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE LEARNING CENTER AT ST. JOHN 4110 N MACDILL AVE TAMPA, FL 33607	20-4013034		54,976.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEARNING EXPERIENCE BRANDON 413 E BLOOMINGDALE AVE BRANDON, FL 33511	81-2878926		101,037.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE LEARNING EXPERIENCE RIVERCREST 10709 CRESTSIDE BLVD RIVERVIEW, FL 33569	81-3155779		88,520.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE LEARNING EXPERIENCE RIVERVIEW 3705 S US HIGHWAY 301 RIVERVIEW, FL 33578	47-2112541		94,288.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE LEARNING STATION, LLC 1616 SURREY TRAIL WIMAUMA, FL 33598	37-1916332		56,660.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE NEST SCHOOL INC PO BOX 279 COVENTRY, CT 06238	85-4020677		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE PEACOCK'S PLUME COMPANY 1094 BLOOMINGDALE AVE VALRICO, FL 33596	11-3728726		80,090.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE RIVERVIEW MONTESSORI SCHOOL AT RIVERCREST, LLC - 11520 RAMBLE CREEK DR - RIVERVIEW, FL 33569	74-3081152		86,192.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE SPRING OF TAMPA BAY PO BOX 5147 TAMPA, FL 33675	59-1777135		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
THE VILLAGE EARLY LEARNING CENTER 3741 CANOGA PARK DRIVE BRANDON, FL 33511	59-3558730		146,370.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIME OF WONDER ACADEMY 5130 EISENHOWER BLVD SUITE 180 TAMPA, FL 33634	20-0381744		60,329.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TIMS PRESCHOOL INC. 601 SUNSET LANE LUTZ, FL 33549	46-2984686		45,740.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TINY FEET LEARNING ACADEMY 8309 BEASLEY ROAD TAMPA, FL 33615	47-1917630		58,742.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TOGETHER TIME 15306 CASEY ROAD TAMPA, FL 33624	59-3733515		33,361.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TOP KIDS BILINGUAL PRESCHOOL 7 INC 3805 JOHN MOORE ROAD BRANDON, FL 33511	87-0878688		20,421.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TOP KIDS BILINGUAL PRESCHOOL MANHATTAN - 6701 SOUTH MANHATTAN AVE ST D - TAMPA, FL 33616	81-2230898		208,183.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TOWN 'N' COUNTRY NAZARENE 9910 WISKY BLVD TAMPA, FL 33615	59-1882790		45,207.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TWEETY LEARNING CENTER 2118 N. MACDILL AVE. TAMPA, FL 33607	16-1663999		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
TWO STEPS AHEAD EARLY LEARNING CENTER LLC - 3905 E REGNAS AVE - TAMPA, FL 33604	87-2761059		12,209.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBRAL PALSY OF TAMPA BAY, INC - 9040 SUNSET DRIVE - MIAMI, FL 33173	59-0714818		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
UNIVERSAL ACADEMY OF FLORIDA 6801 ORIENT ROAD TAMPA, FL 33610	59-3119396		40,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
USF PRESCHOOL FOR CREATIVE LEARNING - 11811 BULL RUN DRIVE - TAMPA, FL 33617	59-3102112		69,104.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
V I P CHILD CARE CENTER 3712 W MCKAY AVE TAMPA, FL 33609	59-3055769		53,926.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
VANGUARD KIDS 12660 SYDNEY RD DOVER, FL 33527	81-4946179		50,674.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
WALDEN LAKE EARLY LEARNING CENTER 2900 HAMMOCK DRIVE PLANT CITY, FL 33566	20-1621828		70,693.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
WALTON ACADEMY BEFORE & AFTERSCHOOL ENRICHMENT - 4817 N FLORIDA AVE - TAMPA, FL 33603	51-0446321		20,000.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
WEST TAMPA EARLY LEARNING CENTER 3812 1/2 NORTH ARMENIA AVENUE TAMPA, FL 33607	45-4354694		57,385.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
WESTMINSTER ACADEMY PRESCHOOL 402 E LUMSDEN RD BRANDON, FL 33511	59-1301155		56,094.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Schedule I (Form 990)

59-3626765

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTTOWN CHRISTIAN ACADEMY 13521 RACE TRACK RD TAMPA, FL 33626	47-4798763		88,157.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
WINDSOR LEARNING ACADEMY 6920 HANLEY RD TAMPA, FL 33634	59-3461683		30,396.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
WONDER KIDZ ACADEMY LLC 8018 HANLEY RD TAMPA, FL 33634	84-2998395		65,759.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
WOODARD, ANGELIC R. DBA SUCCESSFUL HANDS LEARNING CENTER - 4922 S 84TH STREET - TAMPA, FL 33619	61-1550189		9,478.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
WORLDS OF IMAGINATION INC. 1501 S HUNTER ST PLANT CITY, FL 33563	83-4540917		86,217.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
YBOR EARLY CHILDHOOD LEARNING CENTER - 2003 N 36TH ST - TAMPA, FL 33605	59-3668970		65,639.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
YMCA BOB SIERRA YOUTH AND FAMILY CENTER - 9840 BALM RIVERVIEW RD - RIVERVIEW, FL 33569	59-1742909		97,188.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
YMCA CAMP CRISTINA 9840 BALM RIVERVIEW RD RIVERVIEW, FL 33569	59-1742909		38,076.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS
YMCA SUCCESS AFTERSCHOOL 3535 CULBREATH DR VALRICO, FL 33594	59-1742909		482,658.	0.			CARES/COVID ASSISTANCE FOR PROVIDERS

Schedule I (Form 990)

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CARES/COVID ASSISTANCE FOR PROVIDERS	374	3,113,533.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FILING ORGANIZATION MONITORS THE USE OF GRANT FUNDS ACCORDING TO THE  
TERMS SET FORTH BY VARIOUS FUNDING AGENCIES. UNDER SUCH AGREEMENTS,  
GRANTEES ARE RESPONSIBLE FOR ATTESTING TO EACH ELIGIBILITY FACTOR AND  
PROVIDING DOCUMENTATION OF ACTIVITIES FUNDED USING GRANT MONEYS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.** Employer identification number **59-3626765**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GORDON L. GILLETTE CHIEF EXECUTIVE OFFICER	(i)	198,739.	0.	0.	0.	0.	198,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LORINDA TOOLE GAMSON FORMER CHIEF OPERATIONS OFFICER (END	(i)	115,768.	0.	0.	0.	0.	115,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							







HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
COMMISSIONER GWEN MYERS -	BOARD MEMBER	276,000.	FUNDS DIREC		X
KELLY PARRIS - CHILDREN'S	BOARD MEMBER	775,000.	FUNDS DIREC		X
CARL HARNESS - AGENCY HEAD	BOARD MEMBER	1,098,904.	LICENSING O		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

COMMISSIONER GWEN MYERS - HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS

(D) DESCRIPTION OF TRANSACTION: FUNDS DIRECT CHILDCARE SLOTS

(A) NAME OF INTERESTED PERSON:

KELLY PARRIS - CHILDREN'S BOARD OF HILLSBOROUGH COUNTY

(D) DESCRIPTION OF TRANSACTION: FUNDS DIRECT CHILDCARE SLOTS

(A) NAME OF PERSON: CARL HARNESS - AGENCY HEAD FOR ELCHC

(D) DESCRIPTION OF TRANSACTION: LICENSING ORDINANCE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.** Employer identification number **59-3626765**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>ISPY TAMPA BA</u> )	X	1,800	279,348.	MOU
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HILLSBOROUGH COUNTY SCHOOL READINESS  
COALITION, INC.

Employer identification number  
59-3626765

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORKING TOGETHER WITH FAMILIES, EDUCATORS, AND COMMUNITY PARTNERS TO  
PREPARE EVERY CHILD FOR KINDERGARTEN, WE ARE CREATING A BRIGHTER FUTURE  
FOR HILLSBOROUGH COUNTY AND ALL WHO LIVE AND WORK HERE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE AMERICAN RECOVERY PLAN ACT (ARPA) PROVIDES EMERGENCY FUNDING  
ASSISTANCE FOR EARLY LEARNING CHILD CARE PROVIDERS DURING THE COVID-19  
CRISIS. THIS ASSISTANCE COMES IN THE FORM OF PROVIDER STABILIZATION  
SUBGRANTS FOR EARLY LEARNING CHILD CARE PROVIDERS THAT WERE  
LICENSED/REGISTERED/CERTIFIED/REGULATED BY OR BEFORE MARCH 11, 2021 AND  
PROVIDING EARLY LEARNING CHILD CARE SERVICES ON THE DATE OF  
APPLICATION, TO ASSIST THEM IN REMAINING OPEN DURING THE COVID-19  
CRISIS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED THEIR BYLAWS AS OF OCTOBER, 18TH 2021.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION INCLUDES A CLASS OF  
APPOINTED DIRECTORS TO BE SELECTED BY THE GOVERNOR OF THE STATE OF FLORIDA.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN ACCOUNTING FIRM. THE DRAFT IS REVIEWED BY  
FINANCE MANAGEMENT. ONCE APPROVED BY FINANCE MANAGEMENT, THE RETURN IS  
SENT ELECTRONICALLY TO ALL MEMBERS OF THE BOARD FOR REVIEW. ONCE REVIEWED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.	Employer identification number 59-3626765
---	--

BY THE BOARD, THE FINAL FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL NEW BOARD MEMBERS' BACKGROUNDS ARE REVIEWED FOR POTENTIAL CONFLICTS OF INTEREST. ALL NEW BOARD MEMBERS RECEIVE AN ORIENTATION EXPLAINING THE ORGANIZATION'S CONFLICT OF INTEREST AND REINFORCEMENT OF THE POLICY IS ON-GOING AT BOARD AND COMMITTEE MEETINGS. AT LEAST ANNUALLY, ALL MEMBERS OF THE BOARD ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT THAT IS COLLECTED AND MAINTAINED AS PART OF THE COALITION'S RECORDS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE SALARY OF THE CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE REVIEWS THE CEO'S PERFORMANCE ANNUALLY AND ADJUSTS HIS SALARY BASED ON THE PERFORMANCE REVIEW AND THE CEO'S RESPONSIBILITIES. A SALARY STUDY OF COMPARABLE POSITIONS AND OTHER MARKET FACTORS IS COMPLETED PRIOR TO THE CEO'S REVIEW TO PROVIDE THE EXECUTIVE COMMITTEE WITH THE INFORMATION NECESSARY TO DETERMINE POTENTIAL ADJUSTMENTS TO THE CEO'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CHILD CARE SERVICES:

PROGRAM SERVICE EXPENSES	86,218,034.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization	HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.	Employer identification number	59-3626765
--------------------------	--	--------------------------------	------------

TOTAL EXPENSES 86,218,034.

CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES 1,524,748.

MANAGEMENT AND GENERAL EXPENSES 497,757.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,022,505.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 88,240,539.

FORM 990, PART XII, LINE 2C:

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE COMPILATION OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE WAS NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.